PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
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		Complete if Known										
Fees pursuant to	818).	Application Nun	nber	09/646,194								
FEE		Filing Date		September 14, 2000								
For FY 2009				First Named Inv	entor	Hisashi Saiga	et al					
	FULL TO	109	[Examiner Name		Basom, B. T.						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 2173		2173						
TOTAL AMOUNT OF PAYMENT (\$) 1520.00			L	Attorney Docket No. 55051 (71117))					
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order None Other (please identify):												
X Deposit Account Deposit Account Number. 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x c	harge fee(s) indicated	below		Charge	e fee(s) ir	ndicated below, e	xcept for th	ne filing fee				
x C fe	harge any additional f e(s) under 37 CFR 1.	ee(s) or underpayme 16 and 1.17	nts of	x Credit	any over	payments						
FEE CALCU	LATION											
1. BASIC FILIN	IG, SEARCH, AND E	KAMINATION FEES						-				
	FII	LING FEES	SEAF	RCH FEES	EXAMI	NATION FEES	j					
Application T	ype Fee (\$	Small Entity) Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)				
Utility	330	165	540	270	220	110						
Design	220	110	100	50	140	70						
Plant	220	110	330	165	170	85						
Reissue	330	165	540	270	650	325	-					
Provisional	220	110	0	0	0	0		 				
2. EXCESS CL			Ū	Ū	Ū	v		Small Entity				
Fee Description	-						Fee (\$)	Fee (\$)				
Each claim ove					52	26						
Each independe					220	110						
Multiple depend	dent claims						390	195				
Total Claims	Extra Claims	Fee (\$)	Fee	ee Paid (\$) Multiple Depe		Multiple Depend	ident Claims					
	- or HP = ber of total claims paid for	x =			<u> </u>	ee (\$)	Fee Paid (\$)				
Indep. Claims	Extra Claims		Fee	Paid (\$)			_	_				
	- or HP =	x =		(4)								
HP = highest num	ber of independent claims	paid for, if greater than 3.	,									
3. APPLICATIO												
If the specifica	ation and drawings ex	ceed 100 sheets of p	aper (e	xcluding electro	onically f	iled sequence or	computer					
sheets or fr	ler 37 CFR 1.52(e)), raction thereof. See 3	the application size f	ee due	18 \$270 (\$135 f 7 CEP 1 16(c)	or small o	entity) for each a	dditional 50)				
Total Sheet				ditional 50 or frac	tlan thara	of Eco (\$)	Eag I	Paid (\$)				
TOTAL STREET	100 =	-		round up to a who			=	<u>-aiu (\$)</u>				
4. OTHER FEE			`	•			Fees	Paid (\$)				
Non-English	Specification, \$130) fee (no small entity	discou	ınt)								
Other (e.g., late filing surcharge): 1401 Notice ofAppeal								540.00				
1253 Request for Extension of Time within third month							980.00					
SUBMITTED BY												
Signature	1) humil d.	7. when		tegistration No. Attorney/Agent)	27,840	Telephone (617) 517-5508						
Name (Print/Type)	David A. Tucker		• •			Date	November 10, 2009					



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PTO/SB/17 (10-20)

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Fees pursuant to the	Effective on 12/08/200 Consolidated Appropriate	4. ions Act, 2005 (H.R. 4818).	Application Number		09/646.194							
	TRANSM		Filing Date		September 14, 2000							
	· -		First Named Inventor		Hisashi Saiga et al							
	For FY 200	9			Basom, B. T.							
Applicant cl	aims small entity status.	See 37 CFR 1.27	Art Unit		2173							
TOTAL AMOUNT O	F PAYMENT	(\$) 1520.00	Attorney Docket No.		55051 (71117)							
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money Order Other (please identify):												
x Deposit Account Deposit Account Number. 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP												
For the ab	ove-identified deposit	account, the Director	s hereby authori	ized to: (check	call that apply))						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of												
FEE CALCULA	TION											
1. BASIC FILING,	SEARCH, AND EXA	MINATION FEES										
	FILIN		ARCH FEES Small Entit		ATION FEES	;						
Application Typ	<u> Fee (\$)</u>	Small Entity Fee (\$) Fee (Y <u>Fee (\$)</u>	Small Entity Fee (\$)	Fees Pa	<u>id (\$)</u>					
Utility	330	165 540	270	220	110							
Design	220	110 100	50	140	70							
Plant	220	110 330		170	85							
Reissue	330	165 540	270	650	325							
Provisional	220	110	0	0	0							
2. EXCESS CLAIF	vi FEES					<u>Si</u> Fee (\$)	mall Entity Fee (\$)					
	<u>Fee Description</u> Each claim over 20 (including Reissues)											
Each independent		52 220	26 110									
Multiple depende	•					390	195					
Total Claims	Extra Claims	Fee (\$)	ee Paid (\$) Multiple Depe		ultiple Depend	lent Claims						
	or HP = :	× =		Fee	: (\$)	Fee Paid (\$)						
HP = highest numbe	r of total claims paid for, if	greater than 20.					_					
Indep. Claims	Extra Claims		Fee Paid (\$)	_								
	or HP = r of independent claims pa	id for if greater than 3		-								
_		id for, ii greater than 5.										
3. APPLICATION If the specification		ed 100 sheets of pape	r (excluding ele	ctronically file	ed sequence or	computer						
listings under	37 CFR 1.52(e)), the	application size fee d	ue is \$270 (\$13.	5 for small en	tity) for each a	dditional 50						
sheets or frac		U.S.C. 41(a)(1)(G) an	i 37 CFR 1.16(s	s).								
	Total Sheets											
4. OTHER FEE(S			_ (100110 24 10 5 1	mole namedly /	`	Fees P	aid (\$)					
	2 '	ee (no small entity dis	count)									
Other (e.g., lat	540	540.00										
1	980.00											
SUBMITTED BY		-										
Signature	13 June El	7 mgy - z	Registration No. (Attorney/Agent)	27,840	Telephone	(617) 517-	-5508					
L	David A. Tucker	 	November 10, 2009									
rame (rimerype)	JUNE TUCKET				Date	MOVENIDE! I	U, 2008					